

Acupuncture and Chinese Medicine Application

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Please Note: The contact information at the time you submit your application will be the information associated with your application. If you need to make changes after submitting an application, please reach out to admissions at [admit@nwhealth.edu](mailto:admit@nwhealth.edu) or 952-885-5409.

**Personal Information**

First Name  Last Name

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Middle Name  Previous Last Names   
If you do not have a middle name, please enter, "no legal middle name"

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Birthdate  Social Security Number   
(###-##-####) If you are a Canadian student with a Social Insurance Number (SIN) or an international student who does not have a Social Security Number (SSN), please enter "000-00-0000"

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**Mailing Address**

Street  City

---

State  Postal Code

---

Country

**Contact Information**

Phone 1 Type  Phone 1 Number

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Phone 2 Type  Phone 2 Number

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Email

**Permanent Address if different than mailing address**

My permanent address is  the same as my mailing address

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Street  City

---

State  Country

---

Postal Code

**Emergency Contact Information**

First Name  Last Name

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Email Address  Home Phone

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Mobile Phone  Business Phone

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**▼ Military Experience**

Have you served, or are you now serving, on active US military duty?  If yes, which branch?

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Are you the spouse of a person who has served, or who is now serving, on active US military duty?  Are you the dependent of a person who has served, or who is now serving, on active US military duty?

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Are you a member of the Reserve or National Guard forces?  Are you the spouse of a person who has served, or who is now serving, as a member of the Reserve or National Guard forces?

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Are you the dependent of a person who has served, or who is now serving, as a member of the Reserve or National Guard forces?

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Have you ever been separated from any branch of the US armed forces under less than honorable conditions?  If yes, please explain

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**▼ Residency Information**

Are you a US Citizen?

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Term Entering

**Post-Baccalaureate Pre-Health applicants:** Below, please set Program of Interest to College of Undergraduate Health Sciences and set Secondary Interest to Post-Baccalaureate Pre-Health Program to ensure efficient processing of your application.

Program of Interest

Secondary Interest

College of Acupuncture and Chinese Medicine: Master of Acupuncture and Chinese Medicine

Are you interested in   
pursuing a Bachelor of  
Science degree in Human  
Biology concurrently with  
the Master of Acupuncture  
and/or Chinese Medicine  
degree program ?

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If you select yes, your undergraduate coursework will be evaluated for transfer to the [BS Completion Program](#). Also, we will start an application for the BS Completion Program for you. **Although you may decide later whether to submit that application to be reviewed for admission, you will receive communication from us about its status.**

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**Referred by**

If there is a specific individual who referred you to Northwestern, please list their name and address below.

First Name <input style="width: 90%;" type="text"/>	Last Name <input style="width: 90%;" type="text"/>
Occupation <input style="width: 90%;" type="text"/>	Place of work <input style="width: 90%;" type="text"/>
Street <input style="width: 90%;" type="text"/>	City <input style="width: 90%;" type="text"/>
State <input style="width: 90%;" type="text"/>	Zip <input style="width: 90%;" type="text"/>
Country <span style="border-bottom: 1px solid #ccc;">--None--</span>	

Please check if the person  who referred you is a current student at NWHSU
 Please check if the person  who referred you is a NWHSU alumni

**Refer a Friend**

Add Referral
Delete Referral

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Northwestern Health Sciences University is pleased to offer Legacy Scholarships to qualified applicants enrolling in our chiropractic, acupuncture and Chinese medicine, and massage programs. If a parent, grandparent, sibling, or child completed their chiropractic, acupuncture and Chinese medicine, or massage program at and graduated from Northwestern Health Sciences University, please tell us their name, relationship to you, program completed, and year of graduation. Please do not report alumni connections other than a parent, grandparent, sibling, or child. *If you have more than one NWHSU alumnus or alumna in your family, please enter just one here.*

If you aren't sure of some information, please enter what you know.

Name of family member <input style="width: 90%;" type="text"/>	Relationship to you <span style="border-bottom: 1px solid #ccc;">--None--</span>
Family member's program of study completed <span style="border-bottom: 1px solid #ccc;">--None--</span>	Family member's graduation year <input style="width: 90%;" type="text"/>

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If you are applying as a *transfer* student from another acupuncture & Chinese medicine program, at least one of your two references entered below must be faculty from that institution.

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List two individuals, whom you have known for at least six months, who will provide a reference for you. References can be instructors, employment supervisors, healthcare professionals or colleagues, for example. References cannot be relatives. These individuals will receive a Character Reference Form from the Office of Admissions. Reference replies are confidential between sender and institution.

▼ Reference 1

Salutation <input style="width: 80%;" type="text"/>	First Name <input style="width: 80%;" type="text"/>
Last Name <input style="width: 80%;" type="text"/>	Occupation <input style="width: 80%;" type="text"/>
Relationship to you <input style="width: 80%;" type="text"/>	Email <input style="width: 80%;" type="text"/>
Street <input style="width: 80%;" type="text"/>	City <input style="width: 80%;" type="text"/>
State <input style="width: 80%;" type="text"/>	Zip <input style="width: 80%;" type="text"/>
Country <input style="width: 80%;" type="text"/>	

The purpose of this recommendation is to assist us in making our admission decision and, if the applicant is admitted and enrolls, to be available as an aid in advising and counseling. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right, if you enroll at Northwestern Health Sciences University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. A waiver of your rights under the Act is not a required condition for admission or receipt of financial aid. Please indicate below whether you wish to voluntarily waive this right by checking the appropriate box and signing your name.

--None--

▼ Reference 2

Salutation <input style="width: 80%;" type="text"/>	First Name <input style="width: 80%;" type="text"/>
Last Name <input style="width: 80%;" type="text"/>	Occupation <input style="width: 80%;" type="text"/>
Relationship to you <input style="width: 80%;" type="text"/>	Email <input style="width: 80%;" type="text"/>
Street <input style="width: 80%;" type="text"/>	City <input style="width: 80%;" type="text"/>
State <input style="width: 80%;" type="text"/>	Zip <input style="width: 80%;" type="text"/>
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--None--

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List any honors, awards or special recognition you have received:

List any professional licenses or certificates you have received:

Have you ever had any professional licenses or certificates revoked? --None--

Were you ever dismissed and/or denied re-admission to any college because of deficiencies in either conduct or scholarship? --None--

Have you ever been charged and/or convicted of a felony? --None--

Please note: A criminal background check is required for all applicants to the Acupuncture and Chinese Medicine program at Northwestern Health Sciences University.

Required Background Check: I hereby authorize and request any police department, state or federal court, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding my criminal record in conjunction with an application for admission to Northwestern Health Sciences University. I agree that my initials after this statement and electronic signature upon submission of this application will be accepted with the same authority as the original, and specifically waive any written authorization request.

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By initialing and signing the electronic application, I consent to the release of investigative reports in conjunction with my application for admission to Northwestern Health Sciences University.

Initial:

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Please list all post secondary schools you have attended. Request official transcripts from all of these schools to be mailed directly to Northwestern Health Sciences University, Office of Admissions, 2501 West 84th St., Bloomington, MN 55431. Faxed transcripts and transcripts sent by the student are NOT considered official.

Colleges or Universities Attended

Use the buttons below to add or remove colleges you have attended. Please click the "Save" button before moving on to save your entries.

Add Another College

College or University

College Name

School Not Found

Location

Beginning Term --None--

---

Beginning Year --None-- Ending Term --None--

---

Ending Year --None-- Major

---

Degree --None-- Other Degree Type

Academic Partnership Participation

Are you applying as part of a partnership (3+3, 2+2, preferred admittance) between a school and Northwestern Health Sciences University? You can verify our academic partners [here](#). --None--

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Please indicate your ethnicity and race. This information is not used to make admissions decisions but helps us to better understand our applicants and students.

Are you  Select one or more of the following races: Available Chosen

Hispanic or Latinx? American Indian or Alaska Native Asian

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Please submit a two-page, double-spaced summary of your interests and goals that addresses the following:

- a. Why are you interested in acupuncture and Chinese medicine studies?
- b. How much background reading have you done about acupuncture and Chinese medicine? Have you had personal experience with acupuncture or Chinese herbs?
- c. Do you have any previous involvement in health or human services?
- d. In your previous occupations and studies, what have you found to be most rewarding and most challenging?
- e. Please explain why you feel you will be a good health care practitioner.
- f. How will you balance your work and personal life with the program's time and financial obligations?

▼ Admission Document (may be uploaded at a later date if necessary)

Document Name	Document Status
Essay	Required

**Please verify that your file has uploaded after clicking the Upload button by confirming that Document Status has changed to "Ready For Approval."**

No file selected.

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▼ Admission Document (may be uploaded at a later date if necessary)

<p>Document Name    Resume</p>	<p>Document Status    Required</p>
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Please verify that your file has uploaded after clicking the Upload button by confirming that Document Status has changed to "Ready For Approval."

Browse...
No file selected.
Upload

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I certify that the information given on this application is true and complete. I understand that false information will invalidate my application and make me subject to dismissal.

Signature

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Application Fee Payment

Please pay your application fee. The amount is \$50.

Once submitted, your application will be locked from further editing and reviewed by the Office of Admissions. Thank you for applying.

I agree to pay the payment  as described.

Credit Card    --None--

Credit card number:

Credit card CVV code:

Expiration Month:    --none--


Expiration Year:    --none--

Cardholder first name:

Cardholder last name:

Cardholder email:

Transaction Status:


Submit